

# HEALTH ACCESS PROGRAMS FAMILY PACT PROGRAM CLIENT ELIGIBILITY CERTIFICATION (CEC)

Client identification number

*This form is the property of the State of California, California Department of Public Health, Office of Family Planning, and cannot be changed or altered.*

Please **print** answers to all questions. The questions about your family size, income, and health care insurance are to determine if you are eligible for Family PACT Program services.

- Providers must keep a copy of this form in the client's medical record. (See PPBI, Client Eligibility Certification Form Completion Section for code determinations.)
- Code areas are for Provider use only.**

Do you currently receive Medi-Cal benefits or services?

☐ Yes ☐ No

Do you have a Medi-Cal Benefits Identification Card (BIC)?

☐ Yes ☐ No

BIC number

Issue date

Do you have health care insurance for family planning services? (Private insurance, Health Maintenance Organization (HMO), Managed Care Plan, Student Health Insurance, etc.)

☐ Yes ☐ No

Do we need to keep your family planning services confidential from your partner, spouse, or parent? How may we contact you if we need to talk to you about something?

☐ Yes ☐ No  
ConfidentialityProvider Use  
Only—CODE

First name

Middle name

Last name

Suffix (Jr., Sr.)

Is your current name the same as your name at birth? If no, print your name at birth below.

☐ Yes ☐ No

First name at birth

Middle name at birth

Last name at birth

Suffix (Jr., Sr.)

Number of live births

County of residence

Provider Use  
Only—CODE

Nine-digit ZIP code

Gender

Provider Use  
Only—CODE

Social security number

Mother's first name

☐ Male ☐ Female

Date of birth (mm/dd/yyyy)

Place of birth (county, if California)

Provider Use  
Only—CODE

State (if not California)

Provider Use  
Only—CODE

Country (if not USA)

Provider Use  
Only—CODE

Race/ethnicity

1 ☐ Asian2 ☐ Black3 ☐ Filipino4 ☐ Hispanic5 ☐ Native American6 ☐ Pacific Islander7 ☐ White0 ☐ Other

Primary Language

1 ☐ Armenian2 ☐ Cantonese3 ☐ English4 ☐ Hmong5 ☐ Khmer/Cambodian6 ☐ Korean7 ☐ Tagalog8 ☐ Spanish9 ☐ Vietnamese0 ☐ Other

This information will be used to see if you are enrolled in any state health program. Information will also be used to monitor health outcomes and for program evaluation purposes. Your name will not be shared. Each individual has the right to review personal information maintained by the provider unless exempt under Article 8 of the Information Practices Act.

Complete eligibility information on reverse side.

